

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Dental Association Political Action Committee

ADDRESS (number and street)

1111 14th Street, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000729

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

12 02

2014

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10 16

2014

through

M M M / D D D / Y Y Y Y Y Y

11 24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr Thomas C. Harrison

Signature of Treasurer

Dr Thomas C. Harrison

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12 02

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		395213.02
(b) Cash on Hand at Beginning of Reporting Period.....	564055.16	
(c) Total Receipts (from Line 19)	37187.90	1322539.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	601243.06	1717752.33
7. Total Disbursements (from Line 31)	301170.83	1417680.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	300072.23	300072.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 16 2014

To:

M M / D D / Y Y Y Y
11 24 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25515.34

567197.42

(ii) Unitemized

10831.00

638023.36

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

36346.34

1205220.78

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

36346.34

1205220.78

12. Transfers From Affiliated/Other

Party Committees.....

762.80

114509.67

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

54.45

54.45

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

24.31

254.41

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

37187.90

1322539.31

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

37187.90

1322539.31

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7670.83	13955.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7670.83	13955.10
22. Transfers to Affiliated/Other Party Committees.....	70000.00	220000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	214000.00	1167100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	300.00	5975.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	300.00	5975.00
29. Other Disbursements	9200.00	10650.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	301170.83	1417680.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	301170.83	1417680.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36346.34	1205220.78
34. Total Contribution Refunds (from Line 28(d))	300.00	5975.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36046.34	1199245.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	7670.83	13955.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	54.45	54.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	7616.38	13900.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David A Struble

Mailing Address 5590 E Timberwood Ct

City State Zip Code
 Springfield MO 65809-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

10 / 16 / 2014

Transaction ID : 12800958

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Richard S Holba

Mailing Address 816 Overlook Dr

City State Zip Code
 Frankfort IL 60423-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2014

Transaction ID : 12801309

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Nipa R Thakkar

Mailing Address 67 Public Square
 #1204

City State Zip Code
 Wilkes Barre PA 18711-0500

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 12801364

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1334.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Peter A Morgan

Mailing Address 6 Essex Center Drive

City

Peabody

State

MA

Zip Code

01960-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 12822943

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter Weber

Mailing Address 450 E. Waterside Drive
Unit 1711

City

Chicago

State

IL

Zip Code

60601-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Assoc of Endodontists

Occupation

executive director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 12822947

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Marc E Levitan

Mailing Address 173 Ashley Avenue

City

Charleston

State

SC

Zip Code

29425-8908

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 12822954

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kimberly A Lindquist

Mailing Address 4838 Oak Ridge Dr

City

Hermantown

State

MN

Zip Code

55811-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 12822959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Garry L Myers

Mailing Address PO Box 4387

City

Olympia

State

WA

Zip Code

98501-0387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2014

Transaction ID : 12823342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mrs. Sharon Bryant

Mailing Address 7216 Aberdeen

City

Dallas

State

TX

Zip Code

75230-5409

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2014

Transaction ID : 12823464

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Howard Andrew Hamerink

Mailing Address 10306 Normandy Dr

City
Plymouth

State
MI

Zip Code
48170-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 20 / 2014

Transaction ID : 12823471

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Sally Hamerink

Mailing Address 159 S. Harvey

City
Plymouth

State
MI

Zip Code
48170-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Michigan

Occupation

social worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 20 / 2014

Transaction ID : 12823473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Rodger W Janes

Mailing Address 203 W 3rd Street

City
Belle

State
MO

Zip Code
65013-2483

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12829992

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Glen David Hall

Mailing Address 740 Sayles Drive

City State Zip Code
 Abilene TX 79605-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : 12829993

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Gary L Dougan

Mailing Address 103 Ravenna Dr Unit 12

City State Zip Code
 Long Beach CA 90803-4033

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : 12829994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Debra G Stewart

Mailing Address 5711 Sanford Rd

City State Zip Code
 Houston TX 77096-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : 12829995

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Frank J Capaldo

Mailing Address 5063 Kathryn Glen Drive

City

Acworth

State

GA

Zip Code

30101-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Dental Association

Occupation

executive director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12829996

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Paul S Levine

Mailing Address 9310 N Spruce Rd

City

Milwaukee

State

WI

Zip Code

53217-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12829998

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Timothy W Oh

Mailing Address 71B Cottage St

City

Bar Harbor

State

ME

Zip Code

04609-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12829999

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William J Heimann

Mailing Address 7535 N 22nd Pl

City

Phoenix

State

AZ

Zip Code

85020-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Carol Heimann

Mailing Address 7535 W.22nd Place

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christ the King Lutheran Church

Occupation

Parish Nurse

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Maria A Smith

Mailing Address 71 Herrmann Ln

City

Easton

State

CT

Zip Code

06612-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830003

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael T Flynn

Mailing Address 27249 Ruslynn Dr

City

Winona

State

MN

Zip Code

55987-4971

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830004

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gerald W Bird

Mailing Address 1983 Rockledge Dr

City

Rockledge

State

FL

Zip Code

32955-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830005

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mrs. Jerilyn R. Bird

Mailing Address 1983 South Rockledge Drive

City

Rockledge

State

FL

Zip Code

32955-4916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Drs. Bird & Johnson Oral Surgery

Occupation

office manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830006

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Chad R Leighty

Mailing Address 1205 W North Dr

City
Marion

State
IN

Zip Code
46952-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher M Connell

Mailing Address 5395 Meadow Wood Blvd

City
Lyndhurst

State
OH

Zip Code
44124-3754

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830008

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Arthur Meisel

Mailing Address 82 Philip Dr.

City
Princeton

State
NJ

Zip Code
08540-5410

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Jersey Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830009

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James L Willey

Mailing Address 711 N 3rd St

City
Elburn

State
IL

Zip Code
60119-8968

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830010

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr David C Johnsen

Mailing Address 801 Newton Road

City
Iowa City

State
IA

Zip Code
52242

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul Knecht

Mailing Address South Dakota Dental Association
815 N Monroe Ave

City
Pierre

State
SD

Zip Code
57501-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Dakota Dental Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830015

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Martin R Szakaly

Mailing Address 20806 Gentle Run Dr

City

South Bend

State

IN

Zip Code

46614-5183

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12830016

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Frank J Graham

Mailing Address 515 Queen Anne Road

City

Teaneck

State

NJ

Zip Code

07666-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12830017

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Edwin A Del Valle-Sepulveda

Mailing Address F5 Calle La Casa Blanca

City

San Juan

State

PR

Zip Code

00926-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12830018

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Roger W Triftshauser

Mailing Address 1333 Eagle Run Dr

City

Sanibel

State

FL

Zip Code

33957-6709

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12830019

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Paul A Patella

Mailing Address 95 Whitson Rd

City

Briarcliff Manor

State

NY

Zip Code

10510-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12830020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Terry G Schechner

Mailing Address 85 Tanglewood Trl

City

Valparaiso

State

IN

Zip Code

46385-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 12830021

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gary L Myers

Mailing Address 531 Creekview Cir

City

Birmingham

State

AL

Zip Code

35226-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : 12830022

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr James S Torchia

Mailing Address 8736 S Florence Ave

City

Tulsa

State

OK

Zip Code

74137-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : 12830023

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mrs. Bootsey Torchia

Mailing Address 8736 S. Florence Avenue

City

Tulsa

State

OK

Zip Code

74137-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

James Torchia, DDS, Inc.

Occupation

office manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

Transaction ID : 12830028

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Bryon E Roshong

Mailing Address 50 Thompson St

City State Zip Code
Dumont NJ 07628-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 12830029

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Richard C Black

Mailing Address 144 Camino Barranca

City State Zip Code
El Paso TX 79912-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 12835238

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Glenda Gail Owen

Mailing Address 3102 Morrison St

City State Zip Code
Houston TX 77009-6721

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2014

Transaction ID : 12839159

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 20 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard S Chaet

Mailing Address 9830 N 50th St

City

Paradise Valley

State

AZ

Zip Code

85253-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : 12840733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William M Hall Jr

Mailing Address 313 Wild Oak Dr

City

Shreveport

State

LA

Zip Code

71106-8227

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 12840753

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Terry L Norris

Mailing Address 3213 Spring Ridge Parkway

City

Owensboro

State

KY

Zip Code

42303-4492

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 12840843

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 76
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Bruce Tandy

Mailing Address 174 Rosemary Ln

City State Zip Code
 South Windsor CT 06074-1564

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2014

Transaction ID : 12842007

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jerry Melvin Cook

Mailing Address 4710 Amber Valley Parkway

City State Zip Code
 Fargo ND 58104-8694

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2014

Transaction ID : 12842163

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

C. Dr William A Van Dyk

Mailing Address 65 Casa Way

City State Zip Code
 San Francisco CA 94123-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2014

Transaction ID : 12842166

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gregory Evanoff

Mailing Address 1850 23rd Ave SE

City State Zip Code
Minot ND 58701-6080

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 31 2014

Transaction ID : 12842167

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Edward J Welch

Mailing Address 32 Maynard Rd

City State Zip Code
Northampton MA 01060-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 31 2014

Transaction ID : 12842168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Charles J Incalcaterra

Mailing Address 1250 Wynnewood Dr

City State Zip Code
Bethlehem PA 18017-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 01 2014

Transaction ID : 12851455

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ronald L. Tankersley

Mailing Address 716 Denbigh Blvd

City

Newport News

State

VA

Zip Code

23608-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 01 / 2014

Transaction ID : 12851456

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Carolyn B Walker

Mailing Address 8407 Grapevine Pass

City

San Antonio

State

TX

Zip Code

78255-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

11 / 01 / 2014

Transaction ID : 12851457

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Ryan Evans

Mailing Address 785 Weyburn Ter # A414

City

Los Angeles

State

CA

Zip Code

90024-2860

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 12851486

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

864.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Elizabeth A Shapiro

Mailing Address PO Box 240

City

Waterman

State

IL

Zip Code

60556-0240

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 12853796

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mrs. Marilyn Woerner

Mailing Address 9433 Olive Blvd

City

Saint Louis

State

MO

Zip Code

63132-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 12858925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr W Timothy Brooks

Mailing Address 4519 Colewood Cir SE

City

Huntsville

State

AL

Zip Code

35802-1887

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 12858926

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael J Perpich

Mailing Address 10743 Lyndale Bluffs Trl

City State Zip Code
 Minneapolis MN 55420-5652

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 12858927

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin M Killian

Mailing Address 8 Windcastle Pl

City State Zip Code
 Saint Charles MO 63304-0456

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2014

Transaction ID : 12859300

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Craig S Hollander

Mailing Address 1911 Kings Row Mnr

City State Zip Code
 Saint Louis MO 63146-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2014

Transaction ID : 12859312

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael J Hoffmann

Mailing Address 600 N Taylor Ave

City
Kirkwood

State
MO

Zip Code
63122-2942

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 09 / 2014

Transaction ID : 12859313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Gigi E Meinecke

Mailing Address 10520 Macarthur Blvd

City

Potomac

State

MD

Zip Code

20854-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2014

Transaction ID : 12859322

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Robert M Tait

Mailing Address 5239 SW Raintree Pkwy

City

Lees Summit

State

MO

Zip Code

64082-4529

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 11 / 2014

Transaction ID : 12863228

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Alan R Bryant

Mailing Address 705 County Road 134

City State Zip Code
 Santa Anna TX 76878

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 14 / 2014

Transaction ID : 12876999

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Edward Feinberg

Mailing Address 100 E Hartsdale Ave #7B

City State Zip Code
 Hartsdale NY 10530-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2014

Transaction ID : 12877243

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr David A Struble

Mailing Address 5590 E Timberwood Ct

City State Zip Code
 Springfield MO 65809-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

11 / 16 / 2014

Transaction ID : 12877255

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

434.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard C Black

Mailing Address 144 Camino Barranca

City State Zip Code
 El Paso TX 79912-3434

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 23 / 2014

Transaction ID : 12898779

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr W Andrew Trout

Mailing Address 3815 Beck Road

City State Zip Code
 Saint Joseph MO 64506-4944

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 12898788

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Gary L Field

Mailing Address 2175 Mulligan Dr

City State Zip Code
 Colorado Springs CO 80920-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2014

Transaction ID : 12915747

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$50.00 This changes the YTD Total to \$250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William L Ingram

Mailing Address 2607 Hickory Flats Trl SE

City
Huntsville

State
AL

Zip Code
35801-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 12915748

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

25515.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 76

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Indiana Dental PAC

Mailing Address PO Box 2467

City State Zip Code
 Indianapolis IN 46206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10974.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2014

Transaction ID : 12842157

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. California Dental PAC

Mailing Address PO Box 13749

City State Zip Code
 Sacramento CA 95853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18567.67

Date of Receipt

M M / D D / Y Y Y Y Y
 10 29 2014

Transaction ID : 12854819

Amount of Each Receipt this Period

712.80

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

762.80

762.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 76

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave Nw

City
Washington

State Zip Code
DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.86

Date of Receipt

M M / D D / Y Y Y Y
10 31 2014

Transaction ID : 12854827

Amount of Each Receipt this Period

54.45

refunded credit card processing fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.45

54.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 76
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citibank 1

Mailing Address 1500 Vermont Ave Nw

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.41

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2014

Transaction ID : 12852376

Amount of Each Receipt this Period

24.31

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

24.31

24.31

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Dental Association Political Action Committee

A. Citibank 1

00:

7656.28

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

credit card processing fees

B. Citibank 1

00

14.55

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PayPal fees not on Citibank October statement

C.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

7670.83

7670.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 76

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ADPAC Education FundMailing Address 1111 14th Street, NW
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
transfer to non-federal account for administrative purposes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

008

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2014

Transaction ID : 12865607

Amount of Each Disbursement this Period

70000.00

transfer to non-federal account for administrative
purposes**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70000.00

70000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Braley for Congress

Mailing Address PO Box 390

City Waterloo	State IA	Zip Code 50704
------------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Bruce BraleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : 12801349

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Cory Booker For Senate

Mailing Address PO Box 32237

City Newark	State NJ	Zip Code 07102
----------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Sen. Cory A. BookerCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 12816273

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Sires for Congress

Mailing Address 6050 Blvd East, Apt 6-B

City West New York	State NJ	Zip Code 07093
-----------------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Albio SiresCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 12816274

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lobiondo For Congress

Mailing Address P. O. Box 550

City

Vineland

State

NJ

Zip Code

08362

Purpose of Disbursement

Contribution to Federal Candidate

011

Candidate Name

Rep. Frank A. LoBiondoCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: NJ

District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y
10 17 2014**Transaction ID : 12816275**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Lance For Congress

Mailing Address PO Box 225

City

Colonia

State

NJ

Zip Code

07067

Purpose of Disbursement

Contribution to Federal Candidate

011

Candidate Name

Rep. Leonard LanceCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: NJ

District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y
10 17 2014**Transaction ID : 12816276**

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City

Morristown

State

NJ

Zip Code

07960

Purpose of Disbursement

Contribution to Federal Candidate

011

Candidate Name

Rep. Rodney P. FrelinghuysenCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: NJ

District: 11

Date of Disbursement

M M / D D / Y Y Y Y Y
10 17 2014**Transaction ID : 12816277**

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 76

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland	State MI	Zip Code 48640
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

John MoolenaarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816279

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Brenda Lawrence For Congress

Mailing Address PO Box 3060

City Southfield	State MI	Zip Code 48037
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Brenda LawrenceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816280

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Nick Casey For Congress

Mailing Address PO Box 1311

City Charleston	State WV	Zip Code 25325
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Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

George Casey JrOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816281

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 76

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Quigley For Congress

Mailing Address PO Box 13040

City	State	Zip Code
Chicago	IL	60613

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Michael QuigleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816282

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Duckworth For Congress

Mailing Address P.O. Box 59568

City	State	Zip Code
Schaumburg	IL	60159

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Tammy DuckworthCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816284

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Stutzman For Congress

Mailing Address PO Box 129

City	State	Zip Code
Howe	IN	46746

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Marlin StutzmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816286

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 76

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Delbene For Congress

Mailing Address PO Box 487

City	State	Zip Code
Bothell	WA	98041

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Suzan DelBeneCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816287

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Steve Russell For Congress

Mailing Address 10600 S Penn Ave Ste 16-284

City	State	Zip Code
Oklahoma City	OK	73170

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Steven RussellCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816290

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Kirkpatrick For Arizona

Mailing Address PO Box 12011

City	State	Zip Code
Casa Grande	AZ	85130

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Ann KirkpatrickCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816292

Amount of Each Disbursement this Period

3000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 76

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tiberi For CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Pat J. TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 12816294

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Robert Aderholt For Congress Comm.Mailing Address 940 Highway 13
PO Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Robert AderholtOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 12816295

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 12816297

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Leadership PAC

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 76

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen Rice For Congress

Mailing Address 410 Jericho Turnpike Suite 200

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Kathleen Rice

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 12816298

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Vern Buchanan

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 12816299

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Katherine Castor

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 12816300

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bilirakis for Congress

Mailing Address 610 S Boulevard

City
TampaState
FLZip Code
33606Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name

Gus BilirakisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816436

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Grace For New York

Mailing Address 49-04 43rd Ave

City
WoodsideState
NYZip Code
11377Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name

Grace MengOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816438

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Friends Of Pete Gallego

Mailing Address PO Box 1781

City
San AntonioState
TXZip Code
78296Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name

Rep. Pete GallegoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12816439

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 76

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cotton For Senate

Mailing Address PO Box 379

City	State	Zip Code
Dardanelle	AR	72834

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Thomas CottonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 12816440

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Rangers Lead the Way

Mailing Address PO BOX 7255

City	State	Zip Code
Little Rock		72217

Purpose of Disbursement
Contribution to Federal Leadership PAC

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 12816446

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Leadership PAC

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Congressman Chris Smith

Mailing Address P.O. Box 3184

City	State	Zip Code
Hamilton	NJ	08619

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Christopher SmithCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : 12819081

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 76

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Mailing Address PO Box 1324

City	State	Zip Code
Cape Girardeau	MO	63702

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Jason SmithCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12819087

Amount of Each Disbursement this Period

3000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins For Congress

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Lynn JenkinsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12819089

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Mailing Address PO Box 327

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Mark PocanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 12819091

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cain For Congress

Mailing Address P.O. Box 1523

City
BangorState
MEZip Code
04402Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Emily CainOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : 12830640

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Butterfield For Congress

Mailing Address PO Box 2571

City
WilsonState
NCZip Code
27894Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. George K. ButterfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 12831178

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Daniel Webster For Congress

Mailing Address 3400 Old Winter Garden Road

City
OrlandoState
FLZip Code
32805Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Daniel WebsterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 12831180

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Strickland For Congress 2012

Mailing Address 603 E Alton Ave Ste H

City	State	Zip Code
Santa Ana	CA	92705

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Mr. Anthony StricklandCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : 12831288

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Horsford For Congress

Mailing Address 6100 Elton Ave, Suite 1000

City	State	Zip Code
Las Vegas	NV	89107

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Steven HorsfordCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : 12834279

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Arizona Dental PAC

Mailing Address 4131 North 36th Street

City	State	Zip Code
Phoenix	AZ	85018

Purpose of Disbursement
Contribution to Dr. Reginal Cobb

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : 12834294

Amount of Each Disbursement this Period

1000.00

Contribution to Dr. Reginal Cobb

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 76

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arizona Dental PAC

Mailing Address 4131 North 36th Street

City State Zip Code
Phoenix AZ 85018

Purpose of Disbursement
Mistake on the check

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : 12834365

Amount of Each Disbursement this Period

-1000.00

Mistake on the check

Full Name (Last, First, Middle Initial)

B. Arizona Dental PAC

Mailing Address 4131 North 36th Street

City State Zip Code
Phoenix AZ 85018

Purpose of Disbursement
Contribution to Dr. Regina Cobb

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : 12834374

Amount of Each Disbursement this Period

1000.00

Contribution to Dr. Regina Cobb

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Kyrsten Sinema

Office Sought: ☒ House
☐ Senate
☐ President
 State: AZ District: 09

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 23 2014

Transaction ID : 12835400

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ron Barber For Congress

Mailing Address PO Box 57715

City
TucsonState
AZZip Code
85732Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Ronald BarberCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : 12835401

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Debbie Dingell For Congress

Mailing Address PO Box 746

City
DearbornState
MIZip Code
48121Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Debbie DingellCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : 12836350

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Benishek For Congress, Inc.

Mailing Address PO Box 108

City
GladstoneState
MIZip Code
49837Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Dan Benishek MDCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : 12836351

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 76

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stivers For Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Steve StiversCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : 12836352

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Citizens For Boyle

Mailing Address PO Box 11545

City	State	Zip Code
Philadelphia	PA	19116

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Brendan BoyleCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : 12836353

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Friends Of Cheri Bustos

Mailing Address P.O. Box 77

City	State	Zip Code
East Moline	IL	61244

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Cheri BustosCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : 12836386

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elise For Congress

Mailing Address PO Box 338

City	State	Zip Code
Willsboro	NY	12996

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Elise StefanikOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 12836568

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd. #412

City	State	Zip Code
Palm Beach Gardens	FL	33418

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Patrick MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 12836624

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City	State	Zip Code
Pearl	MS	39288

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Gregg HarperOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 12839368

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Roberts For Us Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530

Transaction ID : 12839369Purpose of Disbursement
Contribution to Federal Candidate

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Sen. Pat RobertsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Contribution to Federal Candidate

State: KS District:

Full Name (Last, First, Middle Initial)

B. Friends Of Elizabeth Esty

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Mailing Address PO Box 61

City	State	Zip Code
Cheshire	CT	06410

Transaction ID : 12839370Purpose of Disbursement
Contribution to Federal Candidate

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Elizabeth EstyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Contribution to Federal Candidate

State: CT District: 05

Full Name (Last, First, Middle Initial)

C. Yoder For Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225

Transaction ID : 12839371Purpose of Disbursement
Contribution to Federal Candidate

011

Amount of Each Disbursement this Period

3000.00

Candidate Name

Rep. Kevin YoderCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Contribution to Federal Candidate

State: KS District: 03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 76

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald Norcross for Congress

Mailing Address 1 Market Street, Unit 522

City	State	Zip Code
Camden	NJ	08102

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Donald NorcrossCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : 12840827

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Comstock For Congress

Mailing Address PO Box 71596

City	State	Zip Code
Richmond	VA	23255

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Barbara ComstockCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : 12841133

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Friends For Chris Stewart, Inc.

Mailing Address 10 West Broadway, Suite 500

City	State	Zip Code
Salt Lake City	UT	84101

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Chris StewartCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : 12841134

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walker 4 NcMailing Address 2941 Battleground Ave
Box 38334

City Greensboro State NC Zip Code 27438

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Bradley WalkerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : 12841135

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Doyle for Congress

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Michael DoyleOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : 12841140

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Clay Jr. For CongressMailing Address 625 N Euclid Ave
#300

City St. Louis State MO Zip Code 63108

Purpose of Disbursement
Contribution to Federal Candidates

Candidate Name

William ClayOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841181

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidates

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Cathy McMorris RodgersCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841185

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. CMR Political Action Committee

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152-0485

Purpose of Disbursement
Contribution to Federal Leadership PAC

011

Candidate Name

CMR Political Action CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841186

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Leadership PAC

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Derek KilmerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841187

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adam Smith For Congress

Mailing Address PO Box 23626

City	State	Zip Code
Federal Way	WA	98093

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Adam SmithCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841188

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Pete SessionsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841189

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Texans For Lamar Smith

Mailing Address PO Box 6155

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Lamar S. SmithCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841191

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Olson For Congress Committee

Mailing Address PO Box 16381

City	State	Zip Code
Sugar Land	TX	77496

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Pete OlsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841203

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Coffman For CongressMailing Address 9249 South Broadway
#200-501

City	State	Zip Code
Highlands Ranch	CO	80129

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Mike CoffmanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841205

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Diana DeGette for Congress, Inc

Mailing Address 770 Grant Street, #238

City	State	Zip Code
Denver	CO	80203

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Diana DeGetteCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841207

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denny Heck For Congress

Mailing Address PO Box 235

City Olympia	State WA	Zip Code 98507
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Dennis HeckOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841208

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Dan Newhouse For Congress

Mailing Address PO Box 10949

City Yakima	State WA	Zip Code 98909
----------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Daniel NewhouseOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841209

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City Montgomery	State AL	Zip Code 36103
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Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Sen. Jeff SessionsOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841210

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Greg WaldenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841211

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Alaskans For Don Young Inc.

Mailing Address 2504 Fairbanks Street

City	State	Zip Code
Anchorage	AK	99503

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Don E. YoungOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AK District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841212

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Sullivan For Us Senate

Mailing Address 3705 Arctic Blvd #447

City	State	Zip Code
Anchorage	AK	99503

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Dan SullivanOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841213

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Jordan for Congress

Mailing Address 1709 State Route 560 S

City	State	Zip Code
Urbana	OH	43078

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

James JordanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841220

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Buckeye Liberty PAC

Mailing Address 701 8th Street, NW, Suite 500

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Contribution to Federal Leadership PAC

011

Candidate Name

Buckeye Liberty PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841221

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Leadership PAC

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address PO Box 271

City	State	Zip Code
White Plains	NY	10605

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Nita M. LoweyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841222

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Dental Association Political Action Committee

Check was lost in the mail

Contribution to Federal Candidate

Contribution to Federal Candidate

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address P.O. Box 490

City
St. JosephState
MIZip Code
49085Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Frederick Stephen UptonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841519

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City
St. JosephState
MIZip Code
49085Purpose of Disbursement
Check was lost in mail

011

Candidate Name

Rep. Frederick Stephen UptonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : 12841520

Amount of Each Disbursement this Period

-2500.00

Check was lost in mail

Full Name (Last, First, Middle Initial)

C. Tom Macarthur For Congress Inc.

Mailing Address PO Box 225

City
ColoniaState
NJZip Code
07067Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Thomas MacarthurCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : 12841968

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Mailing Address PO Box 682185

City	State	Zip Code
Franklin	TN	37068

Transaction ID : 12842160Purpose of Disbursement
Contribution to Federal Candidate

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Marsha BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Contribution to Federal Candidate

State: TN District: 07

Full Name (Last, First, Middle Initial)

B. Kelly PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Mailing Address PO Box 233

City	State	Zip Code
Nashua	NH	03061

Transaction ID : 12842161Purpose of Disbursement
Contribution to Federal Leadership PAC

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Kelly PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Contribution to Federal Leadership PAC

State: District:

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Transaction ID : 12842162Purpose of Disbursement
Contribution to Federal Candidate

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rep. Tim F. MurphyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Contribution to Federal Candidate

State: PA District: 18

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Was not delivered in time

011

Candidate Name

Rep. Michael C. Burgess M.D.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼
State: TX	District: 26	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : 12851489

Amount of Each Disbursement this Period

-5000.00

Was not delivered in time

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Michael C. Burgess M.D.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼
State: TX	District: 26	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : 12851490

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
Check was not delivered in time

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:
	<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼
State:	District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : 12851972

Amount of Each Disbursement this Period

-5000.00

Check was not delivered in time

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : 12852012

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Leadership PAC

Full Name (Last, First, Middle Initial)

B. Collins For Congress

Mailing Address PO Box 1295

City	State	Zip Code
Gainesville	GA	30503

Purpose of Disbursement
Void - Collins For Congress-check lost

Candidate Name

Douglas Collins

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 09

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 12853269

Amount of Each Disbursement this Period

-1000.00

Void - Collins For Congress-check lost

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Mailing Address PO Box 327

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement
Void - Mark Pocan For Congress-check lost

Candidate Name

Mark Pocan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WI District: 02

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 12853270

Amount of Each Disbursement this Period

-1000.00

Void - Mark Pocan For Congress-check lost

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Trott For Congress, Inc.Mailing Address 2085 E. West Maple Road
A-101

City Commerce State MI Zip Code 48390

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

David TrottOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : 12853273

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Thornberry For Congress Comm.

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Mac ThornberryOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : 12853284

Amount of Each Disbursement this Period

2000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Bill Cassidy For Us Senate

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

William CassidyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: LA District: Runoff2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 12855488

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Garret Graves For Congress

Mailing Address PO Box 64845

City
Baton RougeState
LAZip Code
70896Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Garret GravesCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff2014

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2014

Transaction ID : 12858861

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Perdue For SenateMailing Address 3110 Maple Drive Ne
Suite 400City
AtlantaState
GAZip Code
30305Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

David PerdueCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

Transaction ID : 12863188

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Ralph Abraham For Congress

Mailing Address PO 270

City
ArchibaldState
LAZip Code
71218Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Ralph AbrahamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff2014

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

Transaction ID : 12863191

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hurd For Congress

Mailing Address PO Box 656

City	State	Zip Code
Helotes	TX	78023

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

William HurdOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Transaction ID : 12863217

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Clay Jr. For CongressMailing Address 625 N Euclid Ave
#300

City	State	Zip Code
St. Louis	MO	63108

Purpose of Disbursement
Check was returned after election because of incorrect address

Candidate Name

William ClayOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Transaction ID : 12863218

Amount of Each Disbursement this Period

-1000.00

Check was returned after election because of incorrect address

Full Name (Last, First, Middle Initial)

C. Arizona Dental PAC

Mailing Address 4131 North 36th Street

City	State	Zip Code
Phoenix	AZ	85018

Purpose of Disbursement
Never received it- returned to sender

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		11		2014

Transaction ID : 12863271

Amount of Each Disbursement this Period

-1000.00

Never received it- returned to sender

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adam Smith For Congress

Mailing Address PO Box 23626

City	State	Zip Code
Federal Way	WA	98093

Purpose of Disbursement
Check was returned because of incorrect address

Candidate Name

Adam SmithOffice Sought: ☒ House
☐ Senate
☐ President
State: WA District: 09Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2014

Transaction ID : 12865643

Amount of Each Disbursement this Period

-2000.00

Check was returned because of incorrect address

Full Name (Last, First, Middle Initial)

B. Diana DeGette for Congress, Inc

Mailing Address 770 Grant Street, #238

City	State	Zip Code
Denver	CO	80203

Purpose of Disbursement
Returned to sender- incorrect campaign address

Candidate Name

Diana DeGetteOffice Sought: ☒ House
☐ Senate
☐ President
State: CO District: 01Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2014

Transaction ID : 12865665

Amount of Each Disbursement this Period

-2000.00

Returned to sender- incorrect campaign address

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-4000.00
214000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gary L Field

Mailing Address 2175 Mulligan Dr

City	State	Zip Code
Colorado Springs	CO	80920-1611

Purpose of Disbursement
change in decision to make additional payment

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : 12852019

Amount of Each Disbursement this Period

50.00

change in decision to make additional payment

Full Name (Last, First, Middle Initial)

B. Dr William L Ingram

Mailing Address 2607 Hickory Flats Trl SE

City	State	Zip Code
Huntsville	AL	35801-1432

Purpose of Disbursement
duplicate payment

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 12852372

Amount of Each Disbursement this Period

250.00

duplicate payment

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

300.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Regina Cobb

Mailing Address 921 Crestwood Lane

City	State	Zip Code
Kingman	AZ	86409

Purpose of Disbursement
Regina Cobb, STATE HOUSE 5th AZ

Candidate Name

Dr. Regina E. CobbOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 12831612

Amount of Each Disbursement this Period

1000.00

Regina Cobb, STATE HOUSE 5th AZ

Full Name (Last, First, Middle Initial)

B. Robert A Rucho Committee

Mailing Address 305 Trafalgar Place

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement
Bob Rucho, STATE SENATE 39th NC

Candidate Name

NC Sen. Bob RuchoOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 12834281

Amount of Each Disbursement this Period

1000.00

Bob Rucho, STATE SENATE 39th NC

Full Name (Last, First, Middle Initial)

C. Citizens to Elect Bert Jones

Mailing Address 299 Fairfield Rd

City	State	Zip Code
Reidsville	NC	27320

Purpose of Disbursement
Bert Jones, STATE HOUSE 65th NC

Candidate Name

NC Rep. Bert JonesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 12834282

Amount of Each Disbursement this Period

1000.00

Bert Jones, STATE HOUSE 65th NC

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Davis for NC Senate

Mailing Address 67 Old Chestnut Lane

City Franklin	State NC	Zip Code 28734
------------------	-------------	-------------------

Purpose of Disbursement
Jim Davis, STATE SENATE 50th NC

Candidate Name

NC Sen. Jim DavisOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : 12834283

Amount of Each Disbursement this Period

1000.00

Jim Davis, STATE SENATE 50th NC

Full Name (Last, First, Middle Initial)

B. Todd Pillion for Delegate

Mailing Address PO Box 202

City Abingdon	State VA	Zip Code 24212
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Purpose of Disbursement
Todd Pillion, STATE HOUSE 4th VA

Candidate Name

Dr. Todd PillionOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : 12834290

Amount of Each Disbursement this Period

1000.00

Todd Pillion, STATE HOUSE 4th VA

Full Name (Last, First, Middle Initial)

C. Davis for NC Senate

Mailing Address 67 Old Chestnut Lane

City Franklin	State NC	Zip Code 28734
------------------	-------------	-------------------

Purpose of Disbursement
Change in decision

Candidate Name

NC Sen. Jim DavisOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : 12836255

Amount of Each Disbursement this Period

-1000.00

Change in decision

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens to Elect Bert Jones

Mailing Address 299 Fairfield Rd

City	State	Zip Code
Reidsville	NC	27320

Purpose of Disbursement
Change in decision

Candidate Name

NC Rep. Bert Jones

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : 12836256

Amount of Each Disbursement this Period

-1000.00

Change in decision

Full Name (Last, First, Middle Initial)

B. Robert A Rucho Committee

Mailing Address 305 Trafalgar Place

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement
Change in decision

Candidate Name

NC Sen. Bob Rucho

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : 12836257

Amount of Each Disbursement this Period

-1000.00

Change in decision

Full Name (Last, First, Middle Initial)

C. Doug Ose For Congress

Mailing Address 9321 Silverbend Lane

City	State	Zip Code
Elk Grove	CA	95624

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Doug Ose

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
-------------------	---

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : 12858923

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

American Dental Association Political Action Committee

9000.00